Date Received_____

APT No. 16065

053-023-02

T C No._____ 13

Map Date_____

Copy to Mr. M. Access
Co'ison-Todd/Lee
Box 3085
Charlotte 28213

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Morrison (LAST) Donald R. and Margie P. (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 6228 Eagle Peak Drive, Charlotte, N.C. ZIP _____

3) PHONE NO Home 704/399-8221 Office 704/392-0396

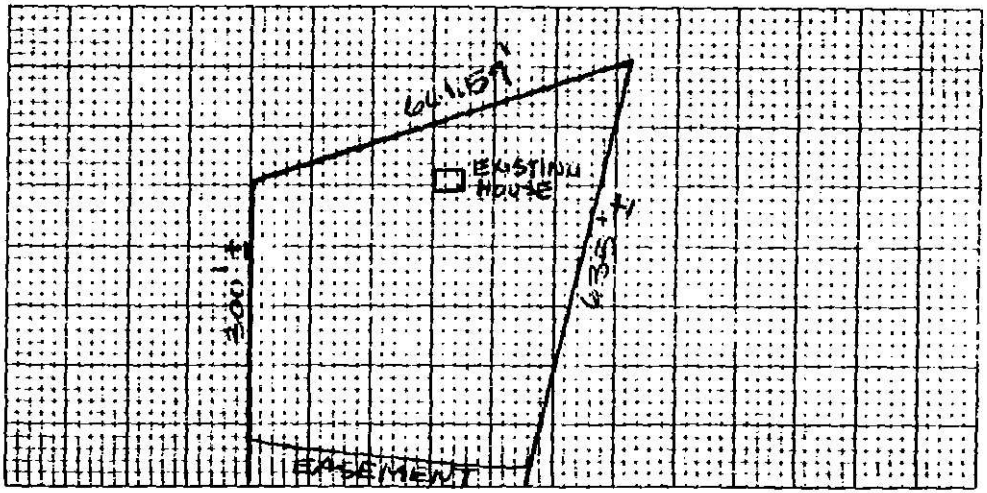
4) LOCATION OF PROPERTY Mount Holly Road (Mecklenburg County Tax Parcel No. 053-023-02) (STREET OR COUNTY ROAD)

5) SUBDIVISION None LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

6) DEED REFERENCE DEED BOOK 4144 PAGE NO. 887

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and on on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge




7) ACCURATELY DIAGRAM & DIMENSION LOT

J. Morrison
OWNER

EHD-5-76

Environmental Health Department's Copy

S. I. R. NO. 16065-

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX II
SITE EVALUATION

T. C. # 053-023-17

(Ground Absorption Sewage Disposal)

OWNER: Donald Morgan Morrison DATE REQUESTED:
ADDRESS: 6228 Eagle Peak Drive PLAT NO.:
COUNTY: Buncombe, N.C. LOT SIZE: Approx 220,000
LOCATION OF SITE: Mountain Valley Rd

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | (S) PS U 2 - 10% | S PS U | S PS U | S PS U |
| 2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2 1 Clay) | S PS (U) 2-1 Clay | S PS U | S PS U | S PS U |
| 3. SOIL STRUCTURE (12.36 in.) (Clayey Soils) | S PS (U) massive | S PS U | S PS U | S PS U |
| 4. SOIL DEPTH (In.) | S PS (U) variable 24-48" | S PS U | S PS U | S PS U |
| 5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock) | (S) PS U None | S PS U | S PS U | S PS U |
| 6. SOIL DRAINAGE/GROUNDWATER (External & internal) | (S) PS U 36" to ground water | S PS U | S PS U | S PS U |
| 7. SOIL PERMEABILITY (Percolation Rate) | S (PS) (U) v. slow | S PS U | S PS U | S PS U |
| 8. OTHER (Specify) | S PS U | S PS U | S PS U | S PS U |
| 9. SITE CLASSIFICATION | unsuitable | | | |
| SOIL SERIES | Ewon | | | |

S - Suitable PS - Provisionally Suitable U - Unsuitable

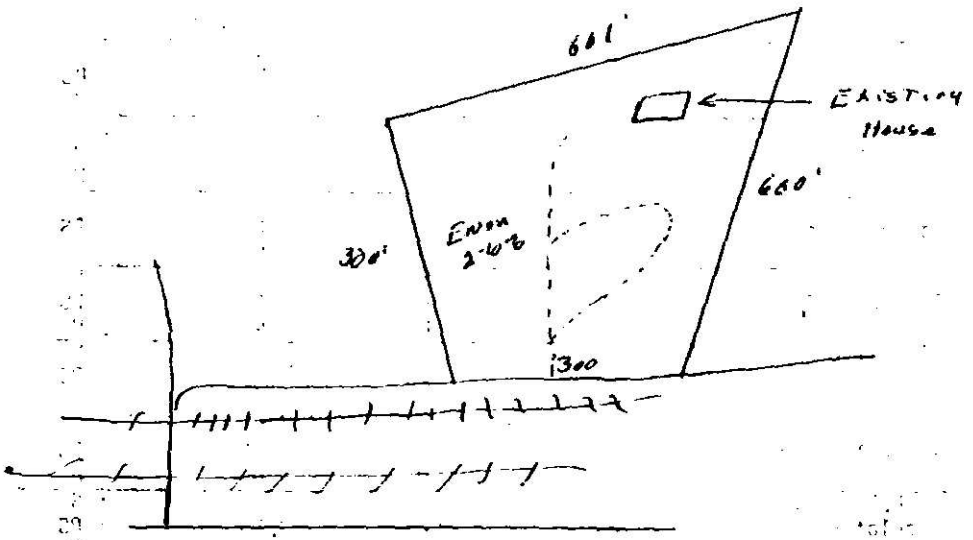
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies wet areas, fill areas, wells, water bodies, slope patterns, etc.

Recommendations/Comments:

Described By: William A. Meadows

Title: Soil Scientist Date: 8-29-79

DHS Form 2601
Sanitation
EHD 539 (3/79)


661'
EXISTING
House
660'
300'
ENTRANCE
1300

SEE INSTRUCTIONS ON BACK

Date Received 9/12/79

ICAR(S) Application No. 16065

T C No. 053-023-02-13

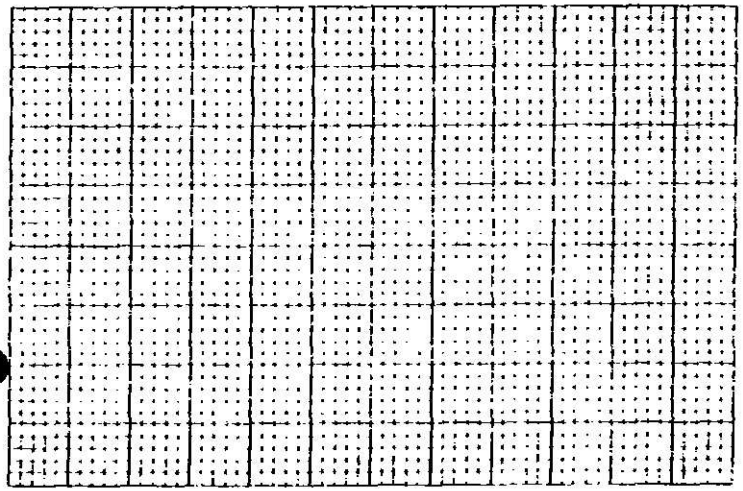
Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ___No
Residence ___Yes ___No

4) No. of Bedrooms _____
5) Business Use Max No. Employees 20
6) Washing Machine ___Yes ___No
7) Garbage Disposal ___Yes ___No
8) Dishwasher ___Yes ___No
9) Water Supply
A) Individual Well _____
B) Governmental System _____
C) Community System:
1 Well source _____
2 Governmental source _____
10) Sewage System
House located within 200 feet of public sewer ___Yes ___No
House located within 200 feet of community sewer ___Yes ___No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER ~~Donnamon~~ MORRISON, DONALD R. & MARGIE B
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6228 EAGLE PEAK DR.

15) PHONE NO. Home 399-8221 Office 392-0346

16) LOCATION OF SYSTEM SOUTH WEST OF NC Hy #27 (MT HOLLY RD) & RHYNE Rd
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 4144 AT PAGE 0887

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 9/5/79

20) PTR NUMBER (See Instructions) 16065

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

9/12/79
DATE OF APPLICATION

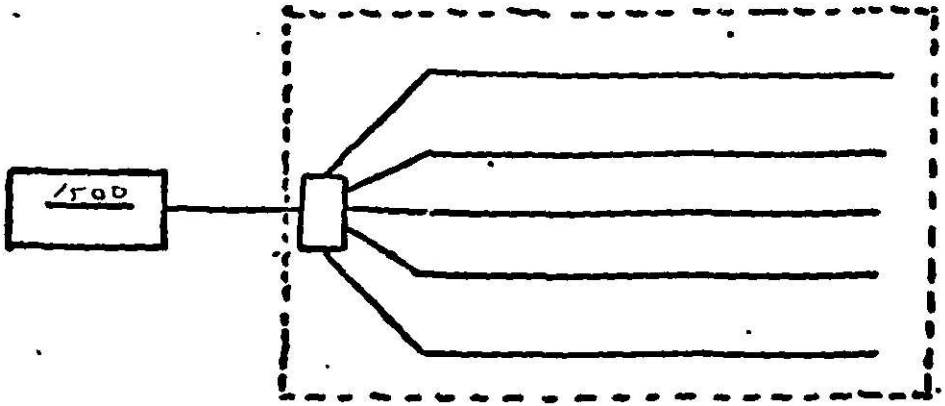
Donald R. Morrison
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

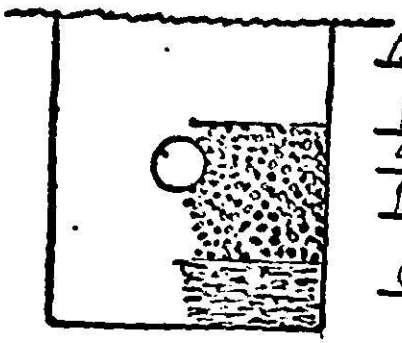
Morrison, Donald R. + Margie P.

SIR. No. - 16065
TC No. 053-023-02




5 drain pipe 80 ft. long 3' on center
1200 sq foot bottom area.

INSTALLER TO BE BUD LEE




Submitted for consideration and approval:

Rhyne Road, (off Mt. Holly Rd.)
Property Location

Donald Ray Morrison
Owner's Signature

Margie P Morrison

Bed System

**MECKLENBURG COUNTY**
**DEPARTMENT OF ENVIRONMENTAL HEALTH**
1200 BLYTHE BOULEVARD
CHARLOTTE NORTH CAROLINA 28203

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

SIR.NO. 16065
T.C.NO. 053-023-02
MAP DATE
DATE 9/5/79

NAME OF OWNER Morrison, Donald R. and Margie F.

ADDRESS OF OWNER 6228 Eagle Peak Drive, Charlotte, NC 28214

LOCATION OF LOT Mount Holly Road

At your request and pursuant to Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Health Services, Subchapter 10A, a site evaluation has been made for an on premises ground absorption sewage disposal system on the property designated above and the following conditions were found:

**Soil Structure Massive**
**Soil Permeability Unsuitable**

Sites classified as Unsuitable are not acceptable for soil absorption of sewage effluent. However, if engineering, geologic, soil, and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be expected to function satisfactorily, such sites may be re-classified as Provisionally Suitable. (Section 10 of the North Carolina Administrative Code 10 A,.1910)

If you desire to file for permission to install an "alternate or modified" system, you should present this office with your proposals in the form of plans and specifications. These would be reviewed and if it is found that the system may reasonably be expected to function satisfactorily, approval may be given on the execution by you of a "Septic Tank Agreement Form" available in this office.

John R. Adkisson

John R. Adkisson, Environmentalist

R

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

COPY

'79 Sep 11 PM 3 17 11065

SEPTIC TANK AGREEMENT

CHARLES E. [illegible]
REGISTER OF DEEDS
MECKLENBURG CO., N. C.

The undersigned, Donald Ray & Margie Parker Morrison owner of property located at 9833 Old Mt. Holly Rd., ("the site") and described in instrument recorded in Book 4144 at Page 0887, Mecklenburg Public Registry, hereby acknowledges that he applied to the Department of Environmental Health for a permit to install a septic tank sewage disposal system on the site; the Department evaluated the site for suitability for such a system in accord with the regulations promulgated by the North Carolina Commission for Health Services at 10 NCAC 10A .1900 et seq; that the Department classified the site as Unsuitable and an appropriate permit was issued by the Department.

The undersigned further acknowledges that proper design, construction and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time, or that the Department, its officials, employees or agents assume any liability for damages, consequential or direct, which are caused, or which may be caused, by a malfunction of such system.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

And the undersigned further agrees for himself, his heirs and assigns, that he shall indemnify and hold harmless the Department and its successors, as well as Mecklenburg County, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure, of said septic tank system.

And the undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately, in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This 11th day of September, 19 79

Donald Ray Morrison (Seal)

Margie Parker Morrison (Seal)

STATE OF NORTH CAROLINA,
COUNTY OF MECKLENBURG

I, Tereasa Hursey, a Notary Public for said County and State do hereby certify that Donald Ray & Margie Parker Morrison, personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 11th day of September 19 79.

Tereasa Hursey
Notary Public

My Commission Expires: 10-26-81

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____ as its _____.

WITNESS my hand and notarial seal, this _____ day of _____, 19___.

_____
Notary Public

My Commission Expires

RECEIVED
1979 SEP 11 PM 3 17
CHARLES E. [illegible]
REGISTER OF DEEDS
MECKLENBURG CO., N. C.

Serial No. 3510

LA No. 16065

Date Issued Sept. 12, 1979

T. C. No. 053-023-02

Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Morrison, (LAST) Donald (FIRST) R. and Margie A. (MIDDLE)

ADDRESS OF OWNER 6228 Eagle Peak Drive, Charlotte ZIP

LOCATION OF LOT southwest of Highway 27 (Mt. Holly Road) (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 16065. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*****AGREEMENT FORMS SIGNED AND RECORDED AND NOTARIZED***

Environmentalist

John M Atkisson

Environmental Health Director, or Authorized Section Head

EHD-5-76

**Environmental Health Department's Copy**

Serial 3622

Date Issued 22 February 1980

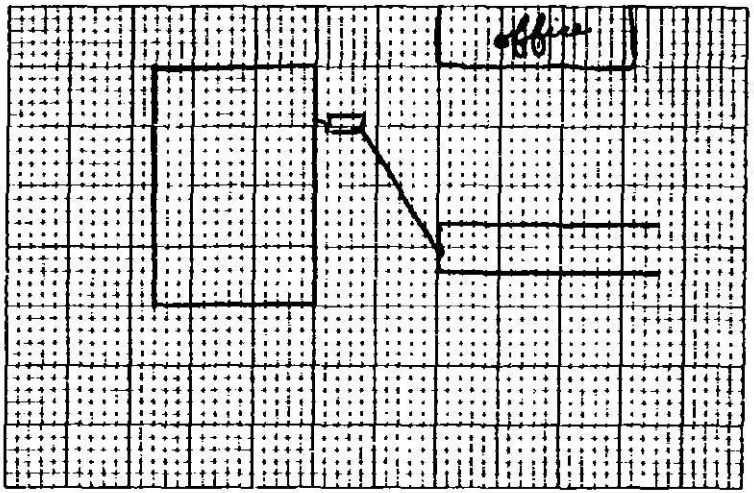
ICAR(S) Permit No. 16065

T. C. No. 053-003-0013

Map Date —

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
### (Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 16065, dated 9/12/79 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 10 March 80, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate unsuitable

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast

Absorption and/or Nitrification Lines:

Total Line Length 400 @ /ft

Number of Lines 4

Distance from House 30'

Distance from Property Line 10' +

Distance from Well 100'

NAME OF OWNER Morrison, Donald R.

LOCATION OF PROPERTY Rhyne Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

agreement form - modified system installed

Division or Section Head

John R Adkisson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

C of A (s) No. 16065

Date Issued 25 February 1980 Serial 3449

T C No 053-023-02.13

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

Name of Owner Morrison (LAST) Donald (FIRST) R. (MIDDLE)

Location of Property Rhyne Road

Application Number _____ Permit Number 16065

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 400 l/ft Number of Lines 4

Depth of Filter Material 17" + 6" sand Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — (DATE) Tank Inspected 2/25/80 (DATE)

Nitrification Field Inspected 22 Feb 1980 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments as permitted

John R Atkinson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 10 Dec 1984

ICAR(S) Application No. 16065

T. C. No. 053-023-15

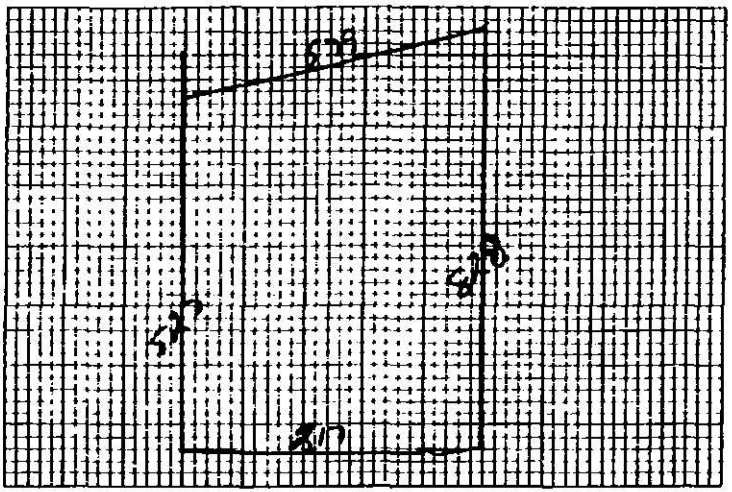
Map Date L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) Install or Construct 2) ✓ (relocate) Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.




3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ✓ No
Residence ___Yes ✓ No

4) No. of Bedrooms ___
5) Business Use — Max No Employees 25 emp
6) Washing Machine ___Yes ✓ No
7) Garbage Disposal ___Yes ✓ No
8) Dishwasher ___Yes ✓ No
9) Water Supply:
A) Individual Well ✓
B) Governmental System ___
C) Community System:
1 Well source ___
2 Governmental source ___
10) Sewage System:
House located within 200 feet of public sewer ___Yes ___No
House located within 200 feet of community sewer ___Yes ___No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Morrison (LAST) Donald (FIRST) R. (MIDDLE)

14) ADDRESS OF OWNER 9827 Mt. Holly Rd.

15) PHONE NO. Home 392-0396 Office 392-0396

16) LOCATION OF SYSTEM [redacted] 9833 Mt. Holly Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

10 Dec 1984
DATE OF APPLICATION

Donald Morrison
OWNER

EHD-5-76

Environmental Health Department's Copy

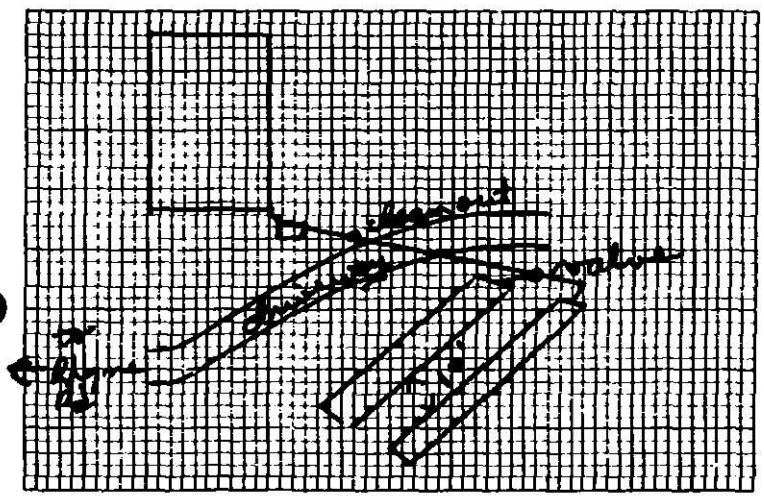
Date Issued 11 December 1984 Serial No. 07814 ICAR(S) Permit No. 16065

T C No 053-023-13

Map Date L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
### (Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 16065, dated 10 Dec 1984 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate agreement form

Liquid Capacity of Tank 1500 gal

Tank Construction pre cast concrete

Absorption and/or Nitrification Lines: 2 beds - diversion valve

Total Line Length 400 & 400 ft each

Number of Lines 5 X 80'

Distance from House 10'

Distance from Property Line 10' +

Distance from Well 100'

NAME OF OWNER Morrison, Donald R.

LOCATION OF PROPERTY 9833 Mount Holly Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: lines 3' on center 8" cover 12" stone depth with 6" coarse sand beneath

John R. Atkisson

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 16065

Date Issued 15 May 1985 Serial 7563 T C No 053-023-13 CRT

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF APPROVAL

**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

Name of Owner Morrison (LAST) Donald (FIRST) R. (MIDDLE)

Location of Property 9833 Mount Holly Rd.

Application Number 16065 Permit Number _____

**Inspection Date:**

Liquid Capacity of Tank 1500 gal Tank Material pre cast

Total Length of Drain Tile 800 l/ft Number of Lines 2 beds - 4 each

Depth of Filter Material 12" Cover Depth 8"-12"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected ✓ (DATE) Tank Inspected 15 May 1985 (DATE)

Nitrification Field Inspected 15 May 1985 (DATE)

Washing Machine Line Inspected, If Applicable ✓ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments installed as permitted

John R Johnson
Environmentalist

EHD-5-76

Environmental Health Department's Copy